

**FEC  
FORM 1****STATEMENT OF  
ORGANIZATION**

(See instructions)

Office use only

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines

12FE4M5

HCR Manor Care PAC

ADDRESS (number and street)

333 North Summit Street

16th Floor

Toledo

OH

43604

2617

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

- ☒ (Check if address is changed)

jheidebrink@hcr-manorcare.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

- ☐ (Check if address is changed)

2. DATE 

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	1		2	0	1	1

3. FEC IDENTIFICATION NUMBER

C C00260141

4. IS THIS STATEMENT ☒ NEW (N) OR ☐ AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete

Type or Print Name of Treasurer Mr. Joseph H HeidebrinkSignature of Treasurer Electronically Filed by Mr. Joseph H Heidebrink

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	1		2	0	1	1

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office  
Use  
Only

For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100

**FEC FORM 1**  
(Revised 02/2009)